

CLAIMS ONLY

Application Number

101626144

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1			/	/		
2				/		
3				/		
4				/		
5				/		
6				/		
7				/		
8				/		
9				/		
10			/	/		
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12				/		
13				/		
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39				/		
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41				/		
42				/		
43				/		
44				/		
45				/		
46				/		
47				/		
48				/		
49				/		
50				/		
Total Indep			4			
Total Depend			46			
Total Claims			50			

	Indep	Depend	Indep	Depend	Indep	Depend
51				/		
52				/		
53				/		
54				/		
55				/		
56				/		
57				/		
58				/		
59				/		
60				/		
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92				/		
93				/		
94				/		
95				/		
96				/		
97				/		
98				/		
99				/		
100				/		
Total Indep						
Total Depend						
Total Claims						